

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION            | INITIALS   | ID NO. | DATE     |
|---------------------|------------|--------|----------|
| FEE DETERMINATION   | <i>Aug</i> |        | 10-27-99 |
| O.I.P.E. CLASSIFIER |            | 5      | 11-2-99  |
| FORMALITY REVIEW    | <i>DM</i>  | 70223  | 11-15-99 |

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) Canceled  
 - Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

| Claim          | Date      |
|----------------|-----------|
| Final Original |           |
| 1              | 3/12/5/11 |
| 2              | 01/02/02  |
| 3              | ✓         |
| 4              | ✓         |
| 5              | ✓         |
| 6              | ✓         |
| 7              | ✓         |
| 8              | ✓         |
| 9              | ✓         |
| 10             | ✓         |
| 11             | ✓         |
| 12             | ✓         |
| 13             | ✓         |
| 14             | ✓         |
| 15             | ✓         |
| 16             | ✓         |
| 17             | ✓         |
| 18             | ✓         |
| 19             | ✓         |
| 20             | ✓         |
| 21             | ✓         |
| 22             | ✓         |
| 23             | ✓         |
| 24             | ✓         |
| 25             | ✓         |
| 26             | ✓         |
| 27             | ✓         |
| 28             | ✓         |
| 29             | ✓         |
| 30             | ✓         |
| 31             | ✓         |
| 32             | ✓         |
| 33             | ✓         |
| 34             | ✓         |
| 35             | ✓         |
| 36             | ✓         |
| 37             | ✓         |
| 38             | ✓         |
| 39             | ✓         |
| 40             | ✓         |
| 41             | ✓         |
| 42             | ✓         |
| 43             | ✓         |
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| 45             | ✓         |
| 46             | ✓         |
| 47             | ✓         |
| 48             | ✓         |
| 49             | ✓         |
| 50             | ✓         |

| Claim          | Date |
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| Final Original |      |
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| Claim          | Date |
|----------------|------|
| Final Original |      |
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| 150            |      |

If more than 150 claims or 10 actions  
staple additional sheet here